

No. 2
4-13-40
-17-39
I-X23159

B.C.H.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37646**

399

1002

Registrar's No. **4214**

Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3538 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify Registrar)
In this community 37 Yrs.
years, months or days

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3538 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-6-40 day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that cause of the deceased from _____
19____, to _____, 19____;
that last seen alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Acute pulmonary congestion
Old recent coronary occlusion
Old myocardial infarction
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Harry Kendig

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife June Kendig 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 10 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ins. Agt.

11. Industry or business _____

12. Name Samuel Kendig

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Weaver

15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant June Kendig

(b) Address 3538 Flora

17. (a) Burial (b) Date thereof Nov. 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not moriah

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 11-7-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy yes

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Walter H. Baker (M. D. or other)
Address K. C. Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Theron A. Redman*.....

Licensed Embalmer No. *2737*.....

P. O. Address *F.L. no*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.